

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

**Complete if Known**

Application Number	10/581,191	Conf. No.: 3581
Filing Date	June 1, 2006	
First Named Inventor	Notuki MATSUI	
Examiner Name	M. JONES	
Art Unit	3744	
Attorney Docket No.	4633-0171PUS1	

**METHOD OF PAYMENT** (check all that apply)
 Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

 Deposit Account    Deposit Account Number: 02-2446    Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	.....
Design	220	110	100	50	140	70	.....
Plant	220	110	330	165	170	85	.....
Reissue	330	165	540	270	650	325	.....
Provisional	220	110	0	0	0	0	.....

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

52      26

220      110

390      195

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	0	x	= 0.00	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)

Fee Paid (\$)

- 3 or HP = 0 x = 0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = 0 (round up to a whole number) x	= 0.00	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement

Fee Paid (\$)

180.00

**SUBMITTED BY**

Signature

# 68,759

Registration No.  
(Attorney/Agent)

Telephone 703-205-8000

Name (Print/Type) D. Richard Anderson

Date May 24, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.